

Final Minutes
Governor's Disabilities Advisory
Council Meeting
Thursday, December 15, 2005

Members Present: Connie Bremner, Susie McIntyre, William Neisess, Bryher Herak, Mike Mayer, Julia Hammerquist, Brian Roat, Patti Scruggs, Dustin Hankinson.

Guests: Anna Whiting-Sorrell, Kelly Williams, Cary Lund, Joe Mathews, Mary Dalton, Joyce DeCunzo, Joan Miles.

Facilitator: Marlene Disburg

Joan Miles: Director – Department of Public Health and Human Services (HHS)

Joan welcomed the new Council and indicated she is enthusiastic that the committee would be helping focus on community integration issues. Joan emphasized that community based care needs will continue to grow and change. The Council is in the forefront for needed changes. Joan noted she would be available to support and participate in Council initiatives.

Anna Whiting-Sorrell: Health & Human Services Policy Advisor - Governor's Office

Anna spoke on behalf of the Governor's office. Anna serves as the liaison for persons with disabilities in the Governor's Office.

A priority for the Governor is ensuring that persons with disabilities can bring their concerns and ideas to the Governor's Office to be heard. Anna is working on implementing that goal. This Council is an important aspect of that effort. One of her efforts is to have disability representation on other councils and committees. Anna and the Governor want to hear from the Council on how they may help.

Anna emphasized that addressing needs for at risk students is an aspect of ensuring a quality education for all students. This is a main concern for the Governor. The Governor's plan for a quality education will include students with disabilities and those considered at risk.

Cary Lund: Legal Counsel, Director's Office - Department of Public Health and Human Services

Cary provided an overview of department ideas for further work on ADA/Olmstead planning and implementation that were presented to the Council in the document titled "Considerations For ADA/Olmstead Planning In Relation To Department Of Public Health & Human Services Programs - A Report To The Governor's Council On Disabilities" (attached). The document identifies particular topics that the Department believes could be addressed through the Counsel's ADA/Olmstead planning effort.

Cary noted that the development of the departmental goals for ADA/Olmstead would now be realized through the planning efforts of the Governor's Council on Disabilities.

One of the goals is for the people receiving the services be the ones to plan their individual services.

Cary noted that this is a good opportunity to bring forward ADA/Olmstead planning by looking at what has been done, updating prior planning efforts and moving forward with current and new initiatives.

Joe Mathews: Administrator - Disability Services Division (DSD)

Joe provided background information on the Disability Services Division's structure noting that Montana has over 52 not for profit providers to help persons with developmental disabilities live in communities and on their own. Assisting people with developmental disabilities to move into community is not new and was initiated in the 1970s and 1980s when community services such as supported living services were developed. The department continues to promote community services care in lieu of institutional care. The goal is to treat persons with disabilities in much the same way as persons without disabilities.

Attached: Olmstead Plan for the Disabilities Services Division – Update December 2005 – Executive Summary

Kelly Williams: Administrator - Senior and Long Term Care Division (S<C)

Kelly spoke of the structure and responsibilities of the Senior & Long Term Care Division. Among the responsibilities of the Division are Medicaid funded nursing facility services, Medicaid funded home and community services for the elderly and persons with physical disabilities, Medicaid funded personal assistance services, Medicaid funded home health and hospice services, aging services programs, and veterans homes.

Kelly noted that Olmstead planning efforts for Medicaid funded long term care programs have focused on access to community services as alternatives to institutional services. Persons eligible for Medicaid entitlement programs such as the nursing facility program are served automatically unlike the nonentitlement Medicaid home and community services for elderly and persons with physical disabilities. Consequently, the Division in honoring the philosophy of Olmstead has pursued the development and expansion of home and community services. Kelly emphasized that this did not discount the need for nursing facilities when appropriate.

The SLTC Division recently received 3-year grant for Alzheimer's that will allow for program development grant and may also provide funding for direct respite care.

Attached: Olmstead Plan Update – December 2005

Joyce DeCunzo: Administrator - Addictive and Mental Disorders Division (AMDD)

Joyce noted that Olmstead has helped change the thinking of government about serving people. She stressed that the job of human service providers is to try to do everything to first of all understand what the individual consumer wants and then secondly to determine what kind of supports can be put in place to help that consumer realize their own goals. The Division embraces a Recovery treatment model. This model is based upon community integration and helping people realize their own goals. She acknowledged that the Recovery process for some persons may include some time spent receiving services in a hospital setting.

The Addictive and Mental Disorders Division works only with adults diagnosed with mental illness. Children with mental illness are served through a separate program administered by the Health Resources Division. The Division also provides services to adults and children with chemical dependency. It is estimated that 60 percent of those served with mental health services have both a mental illness and substance use addiction, referred to as a co-occurring disorder. AMDD is investing a significant amount of effort and dollars in training providers to become co-occurring capable so that service delivery for them will be seamless.

The State Hospital has experienced major changes over a 10-year period starting with 1,500 individuals residing at the Montana State Hospital who expected that the Hospital would be their home for life. The current census is approximately 200 at any given point in time. AMDD served 18,000 individuals, in 2004, with just under two (2) percent of those people needing a stay in the hospital. The state hospital is becoming a place that people go to only when they are very acute. The job is to make people well enough so that they can move back to their homes.

Joyce reviewed AMDD Goals and Objectives for Olmstead planning. Specific issues and concerns that impact implementation include: the shortage of professionals to staff the PACT program; making services available for non-Medicaid eligible individuals; and the development of crisis services.

Joyce noted several new services initiatives. AMDD has received an appropriation to implement a new program of home and community services that will provide services to persons that do not fit the PACT program well. AMDD has also received an \$11 million grant for prevention education providing a good opportunity to impact the METH issue. The on-going federal SAMSHA block grant mandates that 20 percent of the funds is to be used toward prevention activities. That portion is allocated to school programs. Another grant recently received is a Medicaid infrastructure grant. The grant provides \$500,000 to develop a plan to support consumers if they want to be gainfully employed and still maintain health coverage.

Mary Dalton: Administrator - Health Resources Division (HRD)

The children's mental health service system was administered through AMDD until the 2003 Legislature. During the 2003 Legislative session it was transferred to the Health Resources Division. Olmstead planning for mental health services was initiated and undertaken prior to that split and therefore included joint provision for children and

adults. The Division has provided an update with respect to the children's services. Attached: Children's Mental Health Services Olmstead Plan Goals and Objectives Executive Summary December 2005

Mary provided information on Division services that address the service needs of children with disabilities. Those services include: 1) the Medicaid funded children's mental health home and community services; 2) Medicaid funded state plan private duty nursing; 3) Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) which offers prevention services for children from birth through age 20; 4) Children's Special Health Services (CSHS) which primarily serves children with physical disabilities from families under 200% of poverty and provides specialty health care through 'clinics' with a team of specialists; 5) Children's Health Insurance Plan (CHIP) providing benefits for special health needs, including mental health, through this program. In addition, Mary stated that HRD administers the bulk of the Medicaid funded acute care services including transportation and durable medical equipment that are used by persons with disabilities.

Mary noted that transition age children (18-21) with need of mental health services may be the most neglected service population. HRD will be reviewing case management services for youth who are in need of movement out of inpatient hospital and residential treatment facilities back to their own homes and in community schools. Continuing planning priorities are the development of crisis services, particularly 'safe beds' for children in crisis or at risk for suicidal ideation, and the redirection of crisis cases from emergency hospital placement.

Council Decisions

- ◆ Bryher Herak and Mike Mayer were elected Chair and Vice Chair respectively.
- ◆ The Council will use Marlene Disburg as a conduit for information sharing.
- ◆ The full Council will formally meet quarterly.
- ◆ The Council will facilitate its work through work groups that will meet as needed in between formal Council meetings.
- ◆ OPI and Department of Administration will be invited to present to Council at subsequent meetings.
- ◆ Council members will indicate specific individual interests and thoughts on Council goals and work to Marlene for the Council Chair so that the Chair and others can formulate Council work groups and tasks.
- ◆ The Department is to facilitate Council work through the provision to Council members of program brochures, organizational charts, Olmstead documents, and other information.

Council Recommendations

- ◆ The Governor should consider formally or informally seeking Office of Public Instruction participation on the Council to address service gaps for youth, service needs that cross services systems, services for youth with traumatic brain injury and other disabilities, and services directed at reducing the high rate of youth suicide.

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- ◆ Themes' the Council members indicated they would like to concentrate on:
 - 1) providing services in geographically equitable ways;
 - 2) recruiting and retaining professional staff, including personal care assistants;
 - 3) developing services for persons who have dual diagnoses of mental illness and developmental disability or who have co-occurring service needs due to addiction and mental illness;
 - 4) developing services for youth who are 18-21 years of age;
 - 5) developing services for persons with mental illness who need treatment rather than incarceration;
 - 6) fostering the implementation in service programs of the "money follows the person" delivery concept; and
 - 7) fostering the access to program services through person-centered planning processes.
 - 8) Criminal justice issues and mental illness.
 - 9) Aging and its impact on services to the developmentally disabled.
 - 10) Services to non-medicaid eligibles.